

Bulletin

Michigan Department of Community Health

Distribution: Nursing Facilities 03-04

Nursing Home Facilities (Provider Type 60) County Medical Care Facilities (Provider Type 61) Hospital Long Term Care Units (Provider Type 62)

Hospital Swing Beds (Provider Type 63) Ventilator Dependent Units (Provider Type 63)

Nursing Facilities for the Mentally III (Provider Type 72)
Outpatient County Medical Care Facilities (Provider Type 64)

Issued: June 1, 2003

Subject: Addition of CPT Code 97504 – Orthotic(s) Fitting/Training

Addition of CPT Code 97535 – Self-Care/Home Management Training

Effective: July 1, 2003

Programs Affected: Medicaid

This bulletin is to notify you of the addition of CPT (Physician's Current Procedural Terminology) code 97504 – Orthotic(s) fitting/training **and** CPT code 97535 – Self-care/home management training. Refer to the 2003 CPT codebook for the full description of the new codes.

Codes 97504 and 97535 are covered for dates of service on and after July 1, 2003.

Nursing facilities are reminded that these new CPT codes must also be used on the MSA-115 (Occupational/Physical Therapy-Speech Pathology Prior Approval Request Authorization) when seeking prior approval for the services to be provided for dates of service on and after July 1, 2003.

Information regarding 2003 fees and coverage parameters (when appropriate) for covered codes will be posted on the DCH website when available. The website address is www.michigan.gov/mdch, click on Providers, Information for Medicaid Providers, Medicaid Fee Screens.

Manual Maintenance

The nursing facility may <u>discard</u> this bulletin. The nursing facility may <u>discard</u> the Medicaid Nursing Facility Manual BILLING CODES Appendix and insert the attached revised appendix.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Community Health, P.O. Box 30731, Lansing, Michigan 48909-8231 or e-mail ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, and phone number so you may be contacted if necessary. Providers may phone toll free 1-800-292-2550.

Approval

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APPENDIX TITLE	BILLING CODES	July 1, 2003 NF 03-04

DAILY CARE

The following providers may bill for daily care and must enter the appropriate revenue code that identifies the specific daily care accommodation being billed:

Nursing Home Facilities (Provider Type 60)
County Medical Care Facilities (Provider Type 61)
Hospital Long Term Care Units (Provider Type 62)
Hospital Swing Beds (Provider Type 63)
Ventilator Dependent Units (Provider Type 63)
Nursing Facilities for the Mentally III (Provider Type 72)

The UB-92 Manual provides the revenue codes to be used for Michigan Medicaid.

ANCILLARY SERVICES

Ancillary services that may be billed to Medicaid are listed below. The revenue codes that must be used are also listed. Also included are the providers allowed to bill for the particular services.

PHYSICAL/OCCUPATIONAL THERAPY AND SPEECH PATHOLOGY

The following providers may bill physical/occupational therapy and speech pathology:

Nursing Home Facilities (Provider Type 60)
County Medical Care Facilities (Provider Type 61)
Hospital Long Term Care Units (Provider Type 62)
Nursing Facilities for the Mentally III (Provider Type 72)
Outpatient County Medical Care Facilities (Provider Type 64)

When billing on the UB-92 claim form, the facility must use the following codes. The Revenue Codes are located in the UB-92 Manual. The CPT Codes are located in the Physicians' Current Procedural Terminology coding manual. The HCPCS Codes are located in the Health Care Financing Administration Common Procedure Coding System manual.

DESCRIPTION	REVENUE CODES	CPT CODES
Physical Therapy	0420, 0424, 0429	95851, 95852, 97001, 97002, 97012, 97014, 97016, 97018, 97020, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97039, 97110, 97112, 97116, 97124, 97139, 97140, 97520, 97530, 97799
Occupational Therapy	0430, 0434, 0439	97003, 97004, 95851, 95852, 97016, 97018, 97022, 97034, 97035, 97110, 97112, 97124, 97504, 97530, 97535, 97799



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DESCRIPTION	REVENUE CODES	CPT CODES
Speech Pathology	0440, 0443, 0444, 0449	92506, 92507, 92508 92526, 92597, 92610

OTHER SERVICE REVENUE CODES

The following providers may bill the following services as indicated.

County Medical Care Facilities (Provider Type 61) Hospital Long Term Care Units (Provider Type 62)

0250 Pharmacy – Covered when billed by a hospital long term care unit.

Oxygen (gas, equipment, and supplies) – Covered when billed by a county medical care facility or hospital long term care unit.

Medicare/Medicaid – If Medicare is being billed for the nursing facility stay, neither the nursing facility nor a medical supplier can bill Medicaid for oxygen services (i.e., gas, equipment, supplies). Oxygen services are included in the Medicare payment to the facility under Medicare's Prospective Payment System.

MEDICARE PART B CO-INSURANCE AND DEDUCTIBLE AMOUNTS

The following providers are allowed to bill Medicaid for Medicare Part B co-insurance and deductible.

Nursing Home Facilities (Provider Type 60) County Medical Care Facilities (Provider Type 61) Hospital Long Term Care Units (Provider Type 62) Nursing Facilities for the Mentally III (Provider Type 72)

For the following revenue codes, Medicaid will reimburse for any Medicare Part B co-insurance and deductible amounts, based on Medicare's payment, up to Medicaid's maximum amount allowed. Also, Medicaid will cover the co-insurance and deductible amounts on any Medicare covered services not normally covered by Medicaid. When billing, each claim line also requires a CPT/HCPCS code.

If a beneficiary has Medicare Part B coverage and the service(s) is not covered by Medicare, Medicaid considers these services in the routine nursing care.

Revenue Codes

 $0270,\ 0272,\ 0274,\ 0275,\ 0276,\ 0301\ -0359,\ 0400\ -0409,\ 0420\ -0449,\ 0460,\ 0469,\ 0480\ -0489,\ 0610\ -0619,\ 0636,\ 0730\ -0749,\ 0800\ -0809,\ 0920\ -0929,\ and\ 0940\ -0949.$